Frequently Asked Questions (FAQs)
Physician Voluntary Reporting Program (PVRP)

GENERAL

1. **What is the Physician Voluntary Reporting Program?**

   The Physician Voluntary Reporting Program (PVRP) is a new program that represents the first step towards gathering information on the implementation and use of physician quality measures. This pilot program is designed to (1) test a starter set of 16 quality measures; (2) implement and enhance data collection methods; and (3) share confidential physician feedback performance reports on a national level.

   Physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice to improve quality of care. The program is starting with 16 quality measures that were developed by physicians working with consensus organizations, such as the Ambulatory Quality Alliance, National Quality Forum, and the AMA Physician Consortium. Included in the 16 quality measures are seven primary care measures, two emergency medicine measures, two nephrology measures and five surgical measures. Please visit www.cms.hhs.gov/pvrp to learn more about the PVRP.

2. **When does the Physician Voluntary Reporting Program begin?**

   The PVRP began on January 1, 2006. The first confidential physician feedback report will be released in December 2006. This feedback report will be be based on information submitted for physician services provided on April 1 – June 30, 2006.

3. **What are the anticipated benefits for those who participate in the Physician Voluntary Reporting Program?**

   First, participation will allow you to assess your performance on identified quality measures for your internal purposes and to confidentially compare your performance with others on a national level. Based upon the experiences with hospital quality reporting, those who participated early benefited from learning about their performance prior to having payments attached to the reporting program. The information provided in the confidential provider feedback report will allow you to understand your performance compared to other physicians.

   Second, as Congress contemplates revising the SGR (the formula that determines the physician fee schedule update), there is interest in incorporating pay for reporting in such revisions

   Third to make reporting as least burdensome as possible, the PVRP uses G-codes (and CPT codes, when available) on the pre-existing claims form to submit data to CMS. Participation in the PVRP will give you the opportunity to ensure that your claims processor and office software can support this process.

Finally, your participation in the PVRP now will give you the opportunity to provide feedback to CMS on what works and what doesn't work in the new system.

4. **How many physicians do you anticipate participating in the Physician Voluntary Reporting Program?**

    CMS doe not have an anticipated number of physicians for the pilot program. Given the level of interest shown by physicians, CMS will be able to achieve the 3 stated goals: (1) test a starter set of measures; (2) implement and enhance data collection methods; and (3) share confidential physician feedback performance reports on a national level.

5. **If I have questions regarding the PVRP, who should I contact?**

    CMS is providing resources to make the PVRP as beneficial as possible for participating physicians. You can always e-mail CMS at PVRP@cms.hhs.gov. In addition, the CMS regional offices will provide support to you if you have any outstanding questions.

PARTICIPATION

1. **How soon can a physician begin participating in PVRP?**

    A physician can begin participating now by sending in data on claims or registering for EHR data submission in the DOQ-IT program. The PVRP G-codes became effective January 1, 2006 and the CPT II codes became effective April 1, 2006. Please contact your local Quality Improvement Organization (QIO) if you wish to participate via the submission of EHR data.

2. **How do physicians participate in PVRP?**

    There are 3 distinct activities related to PVRP participation. The first is data reporting. This occurs when a physician reports data via claims or EHRs. The second activity is declaring your "intent to participate." This is done by going to the intent to participate web site (www.qualitynet.org/pvrpintent) and filling out the survey. The third activity is the formal registration process to receive a confidential feedback report. The registration is necessary for physicians to establish a QualityNet account to access the confidential reports generated from the quality data.

3. **How do I register to participate in the PVRP?**

    Register your intent to participate at the secured Web site at www.qualitynet.org/pvrpintent. It should take less than 5 minutes to complete the survey on the website. You will be asked to provide an email address so that CMS can contact all those who registered their intent to go through the formal authorization and registration process when the website is available in June 2006. The formal process is estimated to take approximately 15 minutes.

4. **Is there a cut-off date to register for PVRP?**

    No, there is no cut-off date to register for PVRP.

5. **How long is the commitment to continue participation?**

    There is no time commitment required for participation in the PVRP.

6. **What is the purpose of the "intent to participate" registration?**

   The intent to participate registration is a voluntary survey that provides CMS with an indication of the anticipated level of participation in the PVRP. This information will assist CMS with its efforts to ensure that those participants will have the requisite support from CMS. By filling out the survey on the website, it does not obligate you to participate. However, your registration does indicate an interest in being a part of the process to assist CMS with this effort. CMS will provide opportunities for PVRP participants to inform CMS on how to improve the process for clinicians as the pilot evolves.

7. **Can I register multiple physicians in the same group practice at one time or must I individually submit the UPINs for each physician?**

   CMS has constructed the registration process in such a way that it allows the registration of multiple physicians under the same Tax ID. The UPIN field is an optional field that should be left blank if you are registering multiple physicians under one Tax ID.

8. **The registration for intent to participate process requests that I provide a 6 digit UPIN but I only have a 5 digit number. How do I enter in my 5 digit number?**

   As of recently, the UPIN field has been changed to be voluntary. Physician offices may now voluntary submit this information on the secured website but this is not required for participation purposes. The Tax ID is required for registration purposes. .

9. **If I have multiple physicians in my practice and each has a different UPIN, do I have to repeat the registration process for each different UPIN? May I undertake the registration process just once for all the UPIN?**

   A physician office with multiple UPINs need only undertake the registration process once for the entire office. We recognize the time commitment involved to register multiple UPINs separately and, therefore, have made this field voluntary. The practice may complete the registration process using their Tax ID then indicate the total number of physicians in the practice in the appropriate spot.

10. **How does a physician register to get a QualityNet Exchange account?**

    The purpose of the QualityNet Exchange account is to access confidential feedback reports. Registration is open now for physicians who wish to participate in DOQ-IT program. Registration to establish a QualityNet Exchange account to receive claims based feedback reports will begin in June 2006.

11. **If I cannot submit data in the current quarter, should I still register my intent to participate in the program?**

    Yes, it will be beneficial to CMS to anticipate the level of participation in the program. CMS will contact you in the future to keep you aware of the developments in the PVRP.

12. **What is the estimated cost and time commitment to a physician's office should they choose to participate in the PVRP?**

    The design of the PVRP is intended to maximize opportunities to improve performance through information at the point of care and to limit the reporting burden. At this point, it is too early to know the cost and time commitments required as this may vary based upon practice patterns and contractual arrangements in physician offices. CMS anticipates developing such

information in the future as we learn the best practices physicians have deployed to improve care and decrease cost for participation.

The PVRP utilizes G-codes or CPT II codes and EHR submission as least costly alternatives to collecting data on quality information. At the moment, physicians are not submitting quality data in any format so the initial submission will have an impact. Physician participation in the PVRP will allow us to determine how best to minimize disruption and to reduce the burden.

13. **How do the DOQ-IT program and PVRP overlap?**
The DOQ-IT measures are limited to primary care and overlap with the PVRP primary care measures. In an effort to minimize the burden to physicians, those who submit data via the DOQ-IT program are automatically included for participation in the PVRP.

MEASURES

1. **How many measures are included in the Physician Voluntary Reporting Program?**
The PVRP is a new program that represents the first step towards gathering information on the implementation and use of physician quality measures. Physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice to improve quality of care. Included in the 16 quality measures are seven primary care measures, two emergency medicine measures, two nephrology measures and five surgical measures.

2. **Must a participating physician submit all 16 measures included in the PVRP?**
No. There is not a requirement to submit for all 16 measures. While a physician will get the most benefit by fully participating for the measures applicable for the physician's services, this is a voluntary pilot program. Thus, CMS recognizes that physicians may not be able to submit measures for all services at the outset. Physicians may select to submit information on a subset of measures that are applicable to their practice or their current quality improvement efforts.

3. **How were these measures selected for inclusion in the PVRP?**
The 16 quality measures included in the PVRP were selected based upon work previously performed by physician organizations in transparent, consensus manner, such as the Ambulatory Quality Alliance, National Quality Forum, and the AMA Physician Consortium.

4. **Do you anticipate adding more measures to the starter set of 16 measures in the PVRP?**
CMS is working with physicians to expand the measures that may be incorporated into the PVRP. By working closely with the AMA Physician Consortium, NCQA, the Ambulatory care Quality Alliance (AQA) and the National Quality Forum (NQF), CMS anticipates that it will have a more robust set of measures by the end of 2006.

5. **Where may I find the instructions or specifications for the 16 measures in the PVRP?**

Please visit the PVRP Web site at www.cms.hhs.gov/pvrp to obtain all information relevant to the PVRP.

<u>**SUBMISSION**</u>

1. **How do I submit the 16 quality measures in the PVRP?**

   Please review the instructions for the measures listed at www.cms.hhs.gov/pvrp. Most physicians will submit their data using the administrative claims system. Physicians can simply add the appropriate code to their claims and submit their claims in the routine fashion. CMS has provided simple worksheets that will assist your submission process at www.cms.hhs.gov/pvrp. The worksheets should not be sent in with your claims but are designed to be a simple checklist for physicians to use in a prospective fashion as they provide services to patients.

   For those physicians participating through EHR submission, please contact your local QIO for assistance on your submissions.

2. **Have the clearinghouses that submit physician claims been notified of PVRP?**

   Yes, CMS has taken efforts to notify the clearinghouses of the process for participating in PVRP through membership organizations. If you have an issue concerning the submission of your data via a clearinghouse, please send an e-mail to the PVRP@cms.hhs.gov address.

3. **Which G-codes and CPT II codes are part of the PVRP?**

   The G-codes are to supplement the pre-existing claims data with clinical data that can be used to measure the quality of services rendered to beneficiaries. The complete list of G-codes included in the PVRP can be found at:
   http://www.cms.hhs.gov/PVRP/Downloads/PVRPCoreStarterSetSpecificationsAndInstruction.pdf

4. **Where should I place the G-codes (or CPT II codes) on the claim?**

   Physicians should place the G-codes (or CPT II codes) in the same location on the claim where they would place all of their other procedure codes. On the ASC X12N 837 professional health care claim transaction, procedure codes are submitted in the SV1 "Professional Service" Segment of the 2400 "Service Line" Loop. The data element for the procedure code is SV101-2 "Product/Service ID." Note that it is also necessary to identify in this segment that you are supplying a HCPCS code by submitting the "HC" code for data element SV101-1. For claim submissions on the CMS 1500 Form, procedure codes are reported in field 24d.

5. **Do I need to register my intent to participate prior to submitting data for the PVRP?**

   Physicians can submit data for the PVRP measures regardless of whether or not they register their intent to participate. However, CMS is strongly encouraging physicians to register their intent to participate in the PVRP through the secured link http://www.qualitynet.org. By registering their intent to participate, physicians will be able to receive confidential feedback on their reporting rate and performance rate for each measure on which they report.

6. **May I use AMA developed CPT II codes for participation in the PVRP?**

As of April 1, 2006, physicians have increased flexibility to use CPT II codes to submit data for specified measures in the PVRP. Information on which CPT II codes are currently included in the PVRP can be found at:
http://www.cms.hhs.gov/PVRP/Downloads/PVRPCoreStarterSetSpecificationsAndInstruction.pdf

7. **Will you allow submission via electronic health records (EHRs) for PVRP?**
    Yes, CMS will likely continue to encourage the benefits of electronic health records. Currently, primary care physicians are able to submit data via EHR in the DOQ-IT program. Clinicians participating in the DOQ-IT program are participants of the PVRP and will also receive the confidential PVRP feedback reports. Please contact your local Quality Improvement Organization (QIO) for more information.

8. **Why is my carrier denying the PVRP lines on my claim?**
    Please email us at PVRP@cms.hhs.gov if you are having difficulties with your submissions. Physicians should be able to provide such information as part of their routine billing process. If your practice management software does not allow the use of zero value codes, you would need to change this edit for Medicare patients by working with your billing office.

DATA ANALYSIS

1. **How will CMS use the data I submit for the PVRP?**
    CMS will work with clinicians to improve the process based upon the information we receive throughout the PVRP. In addition, clinicians will receive confidential feedback reports that will provide their reporting and performance rates during the pilot program. These rates are not only useful for internal quality improvement process but will allow for confidential comparisons to other peers on a national level.

2. **How will CMS calculate my reporting rate and performance rate in the PVRP?**
    CMS will provide the data analysis algorithm to participants of the PVRP. This information will be provided in a transparent manner for clinicians to understand how the rates were calculated.

PROVIDER FEEDBACK REPORTS

1. **If a physician does not register for the PVRP, but still participates by submitting data, will they get the feedback report?**
    There is no registration required to submit data on the PVRP measures. However, physicians are required to register if they would like to receive the confidential feedback reports with information on their reporting performance rates for measures on which they submitted data. The registration is a simple process that utilizes a secured Web site: www.qualitynet.org/pvrpintent.

2. **Will the data be shared with the public?**

No, this information is intended for the confidential feedback reports and is not intended to be shared with the public. At the de-identified aggregate level, CMS may release information as part of the lessons learned in this pilot program.

3. **What information will be included in the confidential feedback reports?**
   The confidential feedback reports will provide physicians with information about their performance and reporting rates for measures associated with submitted data. The feedback reports are intended to assist physicians in improving their data accuracy and reporting rate.

4. **When will CMS release the confidential feedback reports?**
   The first feedback report will be available December 2006 and will reflect data services provided during the second quarter (April 1 – June 30) of 2006

5. **When a practice registers, is the practice assessed as a single entity or is each physician individually enrolled? In specific, would each physician receive an individual report, or would the practice receive an aggregate report?**
   If a practice registers as a single entity, the practice will receive information at this level. CMS is currently obtaining information based upon registered Tax IDs. In the future, CMS may be able to benefit from the implementation of the NPI.

PVRP and Pay-for-Performance

1. **Are there any financial incentives associated with the PVRP?**
   Currently, there are no financial incentives. CMS will continue to explore methods whereby it may be possible to reduce or offset costs associated with participation in the PVRP. However, there are no definitive plans at this time.

2. **Will the PVRP become a Pay-for-Performance (P4P) demonstration?**
   There are no current plans to transform PVRP into a P4P demonstration.